

Iowa Department of Human Services  
To the Clerk of the District Court  
In and for \_\_\_\_\_ County

From: \_\_\_\_\_

Date: \_\_\_\_\_

Iowa Department of Human Services  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To:  
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\_\_\_\_\_  
\_\_\_\_\_  
Petitioner,  
  
vs.  
\_\_\_\_\_  
\_\_\_\_\_  
Respondent.

FOSTER CARE ASSIGNMENT OF SUPPORT PAYMENTS

Court Order #: \_\_\_\_\_

ICAR Number: \_\_\_\_\_

Child(ren)'s Name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the Iowa Code Section 234.39, as amended by the 1992 Acts, S.F. 2316, section 304; federal regulation 42 CFR 433.146; and the Iowa Administrative Code 441--75.14(4), you are hereby notified that court ordered child support and medical support payments are assigned to the Iowa Department of Human Services effective the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

This assignment is a result of the above-named child(ren)'s placement in a foster care program. This assignment includes interest in all child support payments which come due during the period the above-named child(ren) are in foster care placement, regardless of whether the support payments are paid before or during the placement, or after termination of the assignment.

You are further advised that the Iowa Department of Human Services, pursuant to the assignment entered herein, remains entitled to any right, title, and interest, including the judgment lien, to the support payments provided for in the support order for the child(ren) identified herein for the period the child(ren) are in foster care. If you have any questions regarding this notice, contact the Foster Care Recovery Unit, 400 SW 8<sup>th</sup> St Ste Q, Des Moines, IA 50309-4692. Telephone: (515) 242-5530.

**Notice to the Clerk:** All correspondence and support payments received by your office after the receipt of this notice are to be forwarded with the above ICAR number to the following address:

Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125